_	PATENT /	APPLICATIO Effect	N FEE D			ON RECOR	RD .	1	A V	20	PG	.7	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	- ,		OR	OTHER	MAHT	0
TOTAL CLAIMS			20				RAT	E I	FEE	1	RATE	FEE	6
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 3	375.00	OR	Basic Fee		$\alpha$
TOTAL CHARGEABLE CLAIMS			20 minus 20= *			· Ø		=		OR	X\$18≈		$\sim$
INDEPENDENT CLAIMS			3 m	์กบร 3 ≠	$\mathcal{O}$		X42			OR	X84=		1
M	ATIPLE DEPEN	IDENT CLAIM P	RESENT				.140	1		1			2
* 11	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	+140 TOTA		226	OR	+280=		
3/	ם הל מני	1012	L	217	OR	OTHER	THAN						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL EN	TITY	OR	SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATI	E  TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 17	Minus	<del></del> 7	0	= Q	X\$ 9	<u>-</u> (	1	OR	X\$18=		
AME	Independent	•	Minus	***	7	<u>-0</u>	X42=	. 7	R	OR	X84=		
_	FIRST PRESE	+140	_		OR	+280=							
		TOT	AL	7	00	TOTAL							
	(Column 1) (Column 2) (Column 3)							£E <b></b>	B	JO. 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RATE	E TI	IDDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	+	Minus	**		=	X\$ 9			OR	X\$18=		
AME	Independent	*	Minus	***		=	X42=			OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140:	_		OR	+280=		
			311	)			101			0.0	TOTAL		
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT, F				ADDIT. FEE		
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER JUSLY	PRESENT EXTRA	RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		=	X\$ 9=	.		OR	X\$18=		
AME	Independent	•	Minus	***		=	X42=	1		OR	X84=	-	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								A1		OR	+280=		
ide	If the "Highest Nu	mber Previously Pa	aid For IN TH	S SPACE is	less tha	n 3. enter "3."	ADDIT, FO	<b>≋</b>			TOTAL ADDIT. FEE		
	ine Trignest Num	iber Previously Pai	d For (Total o	independe	ent) is the	highest number t	lound in the	approp	wiate box	in col	umn 1.		
ORI	PTO-875 Plan. 12	902) . div do	removent Printing (	Onc. 2000 —	400-078400	151 F	etent and To	demerk	Office U	S. DEP	ARTIMENT OF	COMMEDICE	•

Application or Docket Number